

Lake Havasu City Recreation Division After School Program Registration Form

Participant Name (Last Name, First Name)	Date of Birth	Age	Gender (M/F)	Grade	School

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

PG rated movies may be shown during this program. May the participant view PG rated movies? Yes _____ No _____

Photographs may be taken for promotional purposes during programs. May the participant's photo be published in
Brochures and/or media releases? Yes _____ No _____

Does the participant have any medical conditions or allergies? Yes _____ No _____ If yes, you will need to fill out
an Additional Health Information & Epi Pen Form.

Pick-up List

Is the participant permitted to walk home from the program? Yes _____ No _____ If yes, please indicate the
time he/she is permitted to leave the program: _____ PM

Children **WILL NOT** be released to anyone whose name does not appear on this form below. Identification is required when
picking up participants. The following people are authorized to pick up the participant from the program (please include the
requested information for the parent/guardians and emergency contact even if listed above)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Medical Release

To the best of my knowledge the participant is in good health and adequately immunized to participate in this program. In the event the participant is injured or should require medical attention, I hereby authorize staff and/or a volunteer to secure necessary medical treatment. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with said medical treatment. If participant is a minor, confirmation of this authorization will be attempted if the circumstances permit prior treatment by call the above listed numbers and if no one can be reached in an emergency, medical treatment, x-rays, injections, anesthesia, or surgery by a qualified physician may proceed without further authorization.

Hold Harmless Clause

The Participants, or where the participant is a minor (under 18 years of age) his/her parent(s) or guardian(s), shall indemnify, defend and save harmless Lake Havasu City from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees and cost of claim processing, investigation and litigation) for bodily injury or personal injury (including death) or loss or damage to tangible or intangible property cause or alleged to be caused, in whole or in part, by the acts or omissions of participant arising out of or as a result of participation in the program.

Waiver

The Participant, or where the participant is a minor (under 18 years of age) his/her parent(s) or guardian(s), hereby waives the right to any claim for damages or injury of any kind, accruing to the participant arising out of or as a result of participation in the program.

I declare that I am the participant or parent/legal guardian of the participant. I acknowledge that I have read this form completely and understand the responsibilities and privileges of participating in this activity. Participation in this activity is voluntary. Lake Havasu City is not responsible for lost or stolen items. Lake Havasu City reserves the right to reconcile customer balances when participant has available account credit.

Participant/Parent/Legal Guardian: _____